Discussion Paper

Exploring the interface between Family Safety Advocates and Victim Survivor Practitioners

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Acknowledgement of Country

No to Violence and Safe and Equal acknowledge the traditional owners whose ancestral lands we live and work on, the Wurundjeri people of the Kulin nation. We also recognise that our work may take place across a variety of ancestral lands across so called Australia. We pay our respects to Elders past and present and acknowledge their living culture and custodianship of these lands, which have never been ceded. We recognise that the land we live and work on always was and always will be Aboriginal land.

About No to Violence

No to Violence (NTV) is the Victorian peak body for organisations and individuals working with people using violence to end family violence. We play a central role nationwide in the development of practice-based evidence, policy and advocacy to support the work to end people's use of family. This includes supporting best practice Men's Behaviour Change Programs, case management, individual counselling, residential-based options, healing approaches, whole-of-family responses, and other innovative interventions.

As a pro-feminist organisation, the safety and dignity of victim survivors are at the centre of everything we do. It is by ending people's use of violence that families can have happier, safer and more fulfilled lives.

About Safe and Equal

Safe and Equal is the peak body for Victorian organisations that specialise in family and gender-based violence across the continuum, including primary prevention, early intervention, response and recovery. Our vision is a world where everyone is safe, respected and thriving, living free from family and gender-based violence.

As a peak, we work with and for our members to prevent and respond to violence, building a better future for adults, children and young people experiencing, at risk of, or recovering from family and gender-based violence. While we know that most family violence is perpetrated by men against women and children, we recognise that family violence impacts people across a diversity of gender identities, social and cultural contexts, and within various intimate, family and other relationships. We apply an intersectional feminist lens in our work to address the gendered drivers of violence, and how these overlap and intersect with additional forms of violence, oppression and inequality.

Contributions

No to Violence and Safe and Equal thank the family safety advocates and victim survivor practitioners who participated in the focus group discussions as part of this project. We recognise the value of your contributions and appreciate that you have shared your practice wisdom and experience to support the improvement of this work. We also thank these individuals for their participation in and feedback on the analysis of the findings within this report.

Funding

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Table of Contents

Executive Summary

This project aims to identify key challenges and opportunities to better enable practitioners, regardless of where they are employed in the family violence system, to work together to ensure accountability for violence and support victim survivors' healing and recovery.

To prevent family violence, people using family violence must be held accountable for their choice and engage in meaningful behaviour change journeys. The burden of responsibility for addressing family violence should be focused on people using violence, not victim survivors. A key indicator of whether a person using violence is being held accountable and is changing their behaviour is based on the victim survivor(s)'s perception of their own safety. Two practice roles are central to supporting victim survivors and ensuring victim survivor safety is held at the centre of interventions with people using violence. These roles are:

- Family safety advocates, who work within interventions for people using violence (PUV) to support the victim survivors while the person using violence is undergoing intervention programs. They provide crucial feedback from the victim survivor on their observation of the PUV's behaviour change, if any, to the program facilitators, providing an external reference to what the PUV may be saying; and
- Victim survivor practitioners, who work within victim support services to support victim survivors' safety, rights and recovery from family violence.

The interface between these roles is critical to ensure people using family violence are held accountable to change their behaviour and reduce their use of violence and for victim survivors to heal and recover safely. However, the interface between these key roles is poorly understood and has received limited attention.

This report presents project findings that explore this interface to understand better:

- Current knowledge of family safety advocacy across the family violence sector and system,
- Barriers, challenges and enablers of effective and coordinated practice between victim survivor practitioners and family safety advocates,
- The impacts of current funding frameworks and allocations on the ability to coordinate practice,
- Training and development gaps and opportunities,
- The interface between family safety advocacy and broader victim survivor services, and
- Opportunities to strengthen collaboration and service delivery to achieve better outcomes for victim survivors of family violence.

Key findings

Within intervention programs, family safety advocates were identified as uniquely positioned in the broader family violence sector to support victim survivors while the person using violence is going through an intervention program. The crossover between holding people using violence to account, ensuring behaviour change and supporting victim survivors creates opportunities for family safety advocates to have a significant impact on both people using violence and victim survivors. However, the role also faces challenges because of siloing within the family violence sector between victim survivor services and services for people using violence.

This project's focus group discussions indicated the current system in which both roles operate is fragmented and under-resourced. This has caused a disconnect between roles that should be closely aligned. Four key themes emerged regarding the interface between family safety advocates and victim survivor practitioners. These key themes were reflected in focus group discussions and the related available literature:

  i.   Funding and resource challenges,
  ii.   Role ambiguity and blurred boundaries,
  iii. Barriers to collaboration and risk assessment,
  iv.   Training and process challenges

In recognition of the key importance of the role family safety advocates and victim survivor practitioners play in the family violence system, this paper makes the following recommendations:

  1. Government invests in increased opportunities for collaboration between family safety advocates and broader victim survivor services to best support victim survivors at different points in their recovery journey
  2. Government funds relevant peaks to review current practice guidelines in both sectors to provide greater clarity, support and direction for practice
  3. Government invests in further research on the interface between family safety advocates and victim survivor practitioners.

Introduction

Since the 2016 Royal Commission into Family Violence, the Victorian Government has implemented significant structural and legislative reform, as well as increased investment in the prevention of family violence, services to support victim survivors, and interventions for people using violence. The Royal Commission was accompanied by the Government's commitment to implement all its 227 recommendations. As a result, the Government set an ambitious 10-year plan for family violence reform, with a suite of interrelated statewide plans to implement the reforms. This has been accompanied by internationally unprecedented investment.[1] The 2024/25 Victorian State Budget allocated an additional $269 million to preventing family violence and improving victim survivor safety, bringing the total investment since the Royal Commission to $3.8 billion.[2]

The scope of family violence reform in Victoria has been wide-ranging, involving significant practice change for those working with victim survivors, as well as those working with people using violence.

This paper explores one aspect of this practice: the intersection between family safety advocates and victim survivor practitioners, with both roles' purposes focused on enhancing victim survivors' safety.

Victim survivor-focused services

Across the response sector, specialist family violence services hold a range of responsibilities, including family violence risk assessment and management, safety planning, crisis response, longer-term case management, and group work with victim survivors and with people using violence. In addition, services often engage in a range of advocacy initiatives to support victim survivors' rights and access to support and services, as well as working with other agencies to share information to support victim survivor safety and ensure people using violence are held accountable for their actions and change their behaviour.

Several different service types enable this work, including:

- Statewide family violence crisis telephone responses
- Orange Door hubs[3]
- Local place-based specialist family violence services
- After-hours or 24-hour support
- Aboriginal family violence services
- Family violence accommodation services
- Therapeutic programs
- Targeted specialist family violence services

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[1] State of Victoria. 2016. *Royal Commission into Family Violence: Summary and recommendations*, Parl Paper No 132.
[2] The Victorian Government. (2024). 'Safety'. Available at: https://www.budget.vic.gov.au/safety.
Orange Door hubs bring specialist family violence and perpetrator services, family services and Aboriginal services together under one roof.

Intervention programs for people using violence

There are a more limited range of intervention programs for people using violence compared to supports for victim survivors. These include:

- Men's Referral Service
- Brief Intervention Service
- Men's Counselling and Accommodation Service (Victoria only) and
- Men's Behaviour Change Programs, which are the most well-known intervention programs

The core elements of group-based Men's Behaviour Change Programmes (MBCPs)) include:

- A central focus on keeping victim survivors safe,
- Encouraging people using violence to take responsibility for their behaviour, and
- Providing people using violence with the skills necessary to change their behaviour and build respectful relationships.

The Victorian Government has funded adaptations of MBCPs to respond to specific communities' needs and funding for alternative interventions. These programs include but are not limited to:

- Aboriginal Healing Programs
- Programs for men from migrant and refugee backgrounds
- LGBTIQA+ intervention programs
- Fathering programs
- Targeted programs for people with complex factors that overlap with their use of violence.

Contact with victim survivors is essential to interventions with people using violence. Although the intensity of support may vary due to funding restrictions, most programs incorporate a form of family safety advocacy.

The Roles: Family Safety Advocate and Victim Survivor Practitioners

Family safety advocates and victim survivor practitioners in Victoria fulfil complementary and sometimes overlapping roles, guided by national and state-based policy and practice frameworks. These frameworks establish the foundations and governance for their work. While some frameworks encompass both roles, others are specifically tailored to family safety advocates, often extending from MBCP frameworks and standards. For more details, see Appendix 2.

Both family safety advocates and victim survivor practitioners support adult and child victim survivors through family violence risk assessment, safety planning, support, information, advocacy, and referrals. However, the context and scope of service delivery differ across the two roles.

Family Safety Advocates

Family safety advocates work within interventions with people using violence. There are two key aspects to the role:

- supporting the safety and dignity of adult and child victim survivors and
- providing knowledge and information to the program facilitators about the behaviour of the person using violence, based on the experiences of the victim survivor(s) while the PUV is engaged in the intervention.

All victim survivors of people using violence who are enrolled in an intervention program are offered support from a family safety advocate, if program facilitators are provided with the contact details of former and/or current partners. Access to partner contact support is not related to the victim survivor's current level of risk.

Where victim survivors are not currently engaged with specialist family violence services, the family safety advocate undertakes risk assessment and safety planning with them. The period when people using violence are engaged with and/or complete an intervention program can be a period of increased family violence risk as it often coincides with other external events.[4] For example, referrals into MBCPs often co-occur alongside family separation (a known time of increased risk) and/or a separated men may feel entitled to more contact with their children on completion of a program and as a result attempt to increase contact with the victim survivor. It is important to note that the increased risk is not caused by the person using violence being engaged with the program. On the contrary; involvement in the program de-escalates risk by ensuring men using violence are kept in view of the system and closely monitored. It is important that victim survivors be supported during this period.

Providing information to victim survivors about the intervention program, its purpose and key messages is intended to provide them with greater agency in their decision making. Feedback from victim survivors to the intervention group facilitators regarding the behaviour of the person using violence provides an external view. It supports facilitators' work by increasing their understanding of the impact of the intervention and when a participant is misrepresenting their behaviour.

Victim survivor practitioners

Victim survivor practitioners generally work within specialist family violence services and provide case management, family violence risk assessment, risk management, safety planning, and crisis responses. They advocate for victim survivors' rights, access to resources and service entitlements.

Due to system capacity issues, access to case management, crisis services and interventions is determined by the victim survivor's current level of assessed risk and stated needs. Victim survivors at higher levels of risk will receive a faster and more intensive response than those assessed at lower risk levels due to limited funding.

Both roles are designed to improve safety and provide support to victim survivors; however, challenges such as the different focus and eligibility requirements and service sector demands impact both the interface of these roles and the ability of victim survivors to access the support they need, when they need it, across their recovery from family violence.

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[4] Australia's National Research Organisation for Women's Safety (ANROWS). (2020). *Prioritising women's safety in Australian perpetrator interventions: Mapping the purpose and practices of partner contact,* (Research to policy and practice, 08/2020), ANROWS, Sydney.

Project methodology

This project sought to address two key research questions:

1) How does the interface between family safety advocates and victim survivor practitioners work in practice?
   a. What is working well?
   b. What areas require increased support and guidance?
   c. What are the barriers to best practice in supporting victim-survivors when engaging with family safety advocacy and victim survivor services?
2) How well do current practice guidance documents support practitioners in their day-to-day work?

Key activities undertaken were:

- A review of key policy and practice frameworks relating to family safety contact workers and victim survivor practitioners (Appendix 2)
- A review of Australian academic and grey literature on the role of family safety contact work and its relationship to victim survivor practitioners (Appendix 3)
- Focus group discussions with family safety advocates and victim survivor practitioners (Appendix 4).

Scope and limitations

This research project examined the interface between family safety advocates and victim survivor practitioners. However, as is usual in this type of research, the design and approach were subject to limitations. The research was conducted over a short period, with a small practitioner cohort. Participants in the focus groups were identified through existing community of practice mechanisms delivered by No to Violence and/or Safe and Equal.

In Victoria, systemic funding patterns prioritise mainstream services in both victim survivor-focused services and intervention programs for people using violence. As a result, few programs cater to diverse cohorts, such as LGBTIQA+, Aboriginal and Torres Strait Islander and migrant and refugee communities. The project's limited scope meant there was no capacity to examine specific features contributing to challenges and barriers specific organisations may face, such as the experiences of family safety advocates operating within Aboriginal Community Controlled Organisations (ACCOs) or other targeted services.

Key themes

Australian and Victorian reform agendas hold a commitment to the safety and dignity of victim survivors (including adults, children and young people), improved access to support services, and the need to hold people using violence to account and to change their behaviour. However, focus group discussions indicated the current system's fragmentation and lack of resources undermines the collective ability to realise these objectives.

Four key themes emerged regarding the interface between family safety advocates and victim survivor practitioners. These key themes were reflected in the focus groups and available literature.

I.   Funding and resource challenges
II.   Role ambiguity and blurred boundaries
III.   Barriers to collaboration and risk assessment
IV.   Training and professional development

I.   Funding and resource challenges

Research findings (see Appendix 3: Research overview) and insights from practitioner focus groups reveal a pattern wherein funding limitations restrict the provision of direct services due to limited capacity compared to demand and weaken the collaborative infrastructure essential for integrated responses. The consequences of limited funding extend beyond the roles of individual practitioners not being able to meet demand and provide the support to victim survivors that they would like; they hinder communication pathways between professionals, limit opportunities for coordinated risk assessments, and ultimately fragment what should be a cohesive support network for vulnerable individuals and families.

The systemic underfunding of family safety advocate roles specifically emerged as a dominant theme in the literature[5] and focus group discussions. Focus group participants from services that work with PUVs highlighted significant resource and funding challenges that critically impact the capacity to support victim survivors effectively. Insufficient and inconsistent funding was reported as a persistent issue with participants particularly stressing the urgent need for direct funding of family safety advocates.

During the focus group discussions, there were repeated references to family safety advocate roles being "unfunded" (i.e., in Victoria, direct targets for this work are not currently included in contract provisions), which they emphasised impacted their ability to support victim survivors. Family safety advocates reported working part-time or in inadequately resourced roles, contributing to workforce pressures and reducing the quality of support available to victim survivors.

Chung et al. echo this sentiment, stating, "Family safety advocacy is an underfunded yet fundamental aspect of intervention programs."[6] Opportunities for support and risk mitigation can be missed when family safety advocates cannot engage with victim survivors. For example, family safety advocacy can assist program facilitators in holding people using violence accountable and monitoring risk.

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[5] Mackay, E., Gibson, A., Lam, H., and Beecham, D. 2015. *Perpetrator interventions in Australia: Part one – Literature review. State of knowledge paper* (ANROWS Landscapes, PP01/2015). ANROWS, Sydney.
[6] Chung et al. 2020. *Prioritising women's safety in Australian perpetrator interventions: The purpose and practices of partner contact*

Victim survivor practitioners also reported high demand and workload. Focusing on client-facing work and meeting targets impacts their ability to engage in other critical responsibilities, including building relationships and communication with practitioners from different services, such as family safety advocates. Participants provided examples illustrating the value of effective communication between family safety advocates and victim survivor practitioners, which can avoid placing people using violence and victim survivors in the same emergency accommodation. However, while regular communication would be beneficial, it is currently not routine:

> "*In my six years in the (Risk Assessment Management Panel) RAMP[7] space, I don't believe I have ever had a secondary consultation with a family safety advocacy practitioner*" (RAMP coordinator)

Regular communication is hampered by funding constraints and competitive tendering processes, which also undermine the potential for integrated service responses.[8] Participants in all three focus groups noted the insufficiency of funding generally and the lack of recognition for family safety advocacy work within intervention program funding. Practitioners highlighted that resource issues permeate every aspect of service provision and influence the interactions between different areas of the service system. In the final session, some victim survivor participants reflected that, at least within their organisation, the way funding was allocated meant that it was easier to access brokerage funds for PUVs than for victim survivors. illustrates practice tensions and shows how funding limitations can severely impact collaboration with victim survivor practitioners.

To maximise the potential of family safety advocacy, there is a critical need for adequate funding that recognises the interconnected nature of effective service provision. Our findings across stakeholder groups demonstrate that well-resourced advocacy leads to improved outcomes for victim survivors.

Funding models must evolve to support integrated family violence responses instead of maintaining isolated approaches. Appropriate investment in family safety advocates and victim survivor programs can enhance essential cross-system relationships and communication. These partnerships enable practitioners to move beyond crisis management, offering comprehensive, coordinated support throughout the recovery process. Ultimately, this paper advocates for a reimagined funding framework that values the interconnections vital to effective family violence responses.

II.   Role ambiguity and blurred boundaries

The complex interplay between affected family members and victim survivor practitioners reveals a system struggling with definitional clarity and operational boundaries. This section examines how role ambiguity creates significant challenges for collaboration across the family violence response spectrum.

Both groups identify a troubling disconnect—while family safety advocates understand their intended purpose, practical constraints, such as inability to refer to external agencies who are already overwhelmed with demand, force them to operate beyond the documented scope to meet client needs. Meanwhile, victim survivor practitioners report varying levels of understanding about the family safety advocate role.

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[7] A Risk Assessment and Management Panel or 'RAMP' is a formally convened meeting of key local agencies and organisations who conduct a multi-agency risk assessment of people who are at high risk of serious harm from family violence.

[8] Opitz, C., 2014. Considerations for partner contact during men's behaviour change programs.

Victim survivor practitioners revealed significant variation in their understanding of the purpose and scope of the role of family safety advocates. In addition, those victim survivor practitioner participants who reported being clear on the role of family safety advocates also reported that, in practice, there is ambiguity. This lack of clarity seemed to relate to two key factors:

a. Resourcing challenges
b. Challenges associated with timing discrepancies between many victim survivor interventions and interventions for people using violence.

Research findings could partly explain this. For example, Chung *et al.*[9] found many victim survivors are often not connected to services at the same time the person using violence is engaged with an intervention.

The family safety advocates who participated in the focus groups reported high workloads that made it difficult to undertake risk assessment, safety planning and case management support for the number of victim survivors associated with an intervention program in the time allocated. Some participants argued this workload made it difficult to provide intensive support to all victim survivors. Family safety advocates also reported reluctance from specialist family violence services to accept referrals for additional services, perceiving victim survivors were already connected to support. On the other hand, victim survivor practitioners reported concern about the potential for their clients to be overwhelmed by having too many services engaged at the same time, as well as difficulty managing high levels of service demand. This demand means that, in practice, case management services work primarily with clients at the highest level of current risk or those experiencing a current crisis.

These barriers create significant challenges in collaboration and highlight the importance of a streamlined referral process and adequate system resourcing to support effective risk assessment and support for victim survivors. It is essential that services are funded sufficiently to allow clients to receive the level of support that they require at any point in their recovery journey.

Some family safety advocates who participated in the focus groups reported that role ambiguity and scope significantly affect their ability to effectively fulfill their responsibilities and respond to clients' safety and support needs. This ambiguity operates on two levels:

a. Internally, within organisations, ambiguity appears to stem from funding constraints and other structural factors
b. Externally, ambiguity is driven by other services and organisations' lack of awareness of the family safety advocate role, its functions, and its primary client focus.

The lack of definitional understanding of the family safety role leads to poor information sharing and collaboration, including significant constraints in accessing financial and other support for clients, which, in turn, may impact risk and safety management.

Similarly, victim survivor practitioners reported that gaps in understanding their role from family safety advocates sometimes led to victim survivors expecting services or assistance with resources that were not able to be provided. As well as causing increased work for practitioners and frustration for the victim survivor, this potentially led to victim survivors having to repeat their story and go through multiple referrals to access required supports.

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[9] Chung et al. 2020. *Prioritising women's safety in Australian perpetrator interventions: The purpose and practices of partner contact.*

Family safety advocates reported that they were clear about the scope of their role but felt that the documented scope did not match the reality of victim survivor needs and that in practice, a lack of available support and services to refer to results in working outside the documented scope. Examples given included family violence counselling, family violence case management and applications for crisis brokerage.

This created "blurred lines" between their role and the responsibilities of broader victim survivor practitioners, especially in relation to resourcing. They highlighted the burden of navigating this for staff and clients. For some participants, whose organisations provided both family safety advocacy and victim survivor services, some noted no distinction between family safety advocacy and case management functions within their workplaces, with resources shared across programs. Family safety advocates in other organisations reported being required to perform multiple functions to meet clients' needs. In addition, many performed dual roles, which sometimes overlapped. They reported working flexibly, and at times outside of the core scope of their role, to meet client needs:

> "*We also do a lot of case management, even though it is not part of the role*" (Family safety advocate)

> "*It's wearing different hats all the time*" (Family safety advocate)

> "*We're always trying to navigate that blurry line between family safety advocacy and case management… because we don't have brokerage, there's a lot of things we can't do*" (Family safety advocate)

One specific example raised by family safety advocates was access to brokerage.[10] Family safety advocates were clear brokerage was outside their role's scope. However, with many clients not engaged in other specialist family violence services, this was an area where family safety advocates reported they could make a significant difference to their clients so, they undertook the function because there were no accessible alternatives to address the victim survivor's needs. Differences across organisations and regions meant that while some family safety advocates could access brokerage relatively easily, others could not, creating additional work and considerable frustration for practitioners. This also leads to a lack of practice consistency and inequitable outcomes for victim survivors.

The necessity for family safety advocates to undertake case management and crisis support without adequate resources exacerbates role ambiguity. This mutual recognition of boundary blurring from family safety advocates and victim survivor support services highlights a critical systemic issue where resource limitations and timing discrepancies between interventions create barriers to collaboration. This leads to potential gaps in service provision and reduced quality of support for victim survivors. There is a need for clear role definitions and dedicated funding streams to accurately reflect and support the unique functions of family safety advocates.

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[10] Brokerage refers to programs such as crisis brokerage and flexible support packages, which help people access the services or practical supports they need to be safe and address underlying challenges to their recovery, stability and wellbeing. Victim survivors must have left the relationship and have case management to access these programs

III. Barriers to collaboration and risk assessment

Focus group participants, both family violence practitioners and family safety advocates, highlighted the need to address the complexities of family safety advocate practice and the systemic challenges of navigating the interface with victim survivor practitioners.

Both family safety advocates and victim survivor practitioners reported challenges with utilizing the information-sharing provisions in practice, leading to frustrations and safety concerns. Despite understanding their role in proactive information sharing, advocates often felt they didn't receive crucial information from programs or external sources. High staff turnover and leadership changes we reported to compound these difficulties.

As prescribed Information Sharing Entities (ISEs), family safety advocates emphasised their critical role in proactively sharing information about people using violence with agencies supporting victim survivors. They described this as an essential and effective element of increasing safety for victim survivors (adults, children, and young people). However, family safety advocates reported they often found themselves advocating and, at times, educating other agencies about the information-sharing provisions, highlighting gaps in coordination and collaboration.

For example, family safety advocates stated that referrals to intervention programs do not always include contact details of the victim survivor/s. When requesting this information from the referring agency, such as the Orange Door network, the information was frequently either not provided or heavily redacted. Conversely, victim survivor practitioners also expressed difficulty using the information-sharing provisions, including finding information related to whether the person using violence was engaged in a program and, if so, which one. Without this information, it is not possible to proactively share potentially critical information from victim survivors with intervention programs. Victim survivor practitioners also discussed the challenge of receiving meaningful information about the engagement of a person using violence with the intervention program, for example, being provided with attendance data but not information about the level of engagement.

The time-limited nature of family safety advocacy roles also often constrains their capacity for sustained risk management and support.[11] Family safety advocates spoke about needing to refer victim survivors to other programs at the end of an intervention program, because the victim survivor had ongoing needs, but the role of the family safety advocate was tied to the intervention program. Some said this could be relatively easy, especially when they could refer to other programs internally, but others mentioned experiencing challenges having referrals accepted, especially for family violence case management.

Both family safety advocates and practitioners raised concerns about systemic issues, including insufficient services for victim survivors and challenges in making referrals between services. A key barrier was the misalignment of timing between victim survivor services and interventions for people who use violence. For example, long waitlists for intervention programs may mean victim survivor case management has been completed and closed before the intervention with the person using violence begins.

Family safety advocate participants also highlighted challenges in referring clients to external services. One family safety advocate shared an example where they referred a client to The Orange

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[11] Chung et al. 2020. *Prioritising women's safety in Australian perpetrator interventions: The purpose and practices of partner contact.*

Door for case management, only for the client to be referred back to the original service for counselling—a circular process that created frustration and delays.

Participants' reflections were consistent with the findings of the literature, which recognise the importance of cross-agency mentoring opportunities to foster collaboration and build stronger working relationships and pathways between services[12]. While the participants in this study represented a relatively small sample size, it was consistently stated that family safety advocates and victim survivor practitioners have little to no opportunity for cross-agency capability building and collaboration beyond client service provision.

Participants from both groups agreed that improved communication and a clearer understanding of each other's responsibilities would enhance client outcomes. However, they felt that time constraints and the range of structural barriers discussed made this difficult to achieve in practice. Participants indicated the opportunity for joint capacity building, such as a community of practice attended by family safety advocates and victim survivor practitioners, would be welcomed.

IV.   Training and process challenges

Family safety advocates and victim survivor practitioners referred to the lack of practice guidance related specifically to the interface between the two roles. This reflects the findings of the literature, which recognises the importance of cross-agency mentoring opportunities in fostering collaboration and building stronger working relationships and pathways between services. The participants consistently stated that family safety advocates and victim survivor practitioners have little to no opportunity for cross-agency capability building and collaboration beyond individual client service provision.

No current professional development or cross-organisational opportunities were identified by either the family safety advocate or victim survivor practitioner cohorts for collaborative learning. Such opportunities could contribute to positive collaboration or clarity in role responsibilities between family safety advocates and victim survivor practitioners.

Family safety advocates specifically reported significant limitations in training opportunities and procedural guidance for their roles. Many relied on prior experience in family violence counselling rather than role-specific training, with budget constraints cited as the primary barrier.

> "*Absolutely nothing. It is, 'Start the role and sink or swim'; learn as you go without guidance*,"(Family safety advocate)

While some accessed free training through peak bodies or from previous roles, these were often perceived as being designed for victim survivor practitioners rather than specifically for advocates.

The Family Safety Advocate Guidelines, though referenced as a key resource, were described as needing updates to address diverse needs, particularly when working with specific groups, for example LGBTIQA+ victim survivors. Participants acknowledged the challenge of balancing standardised frameworks with organisation-specific customisation needs. An updated edition could be created with cross-sectoral knowledge building in mind.

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[12] Chung et al. 2020. *Prioritising women's safety in Australian perpetrator interventions: The purpose and practices of partner contact.*

While victim survivor practitioners did not explicitly raise the lack of access to training, all participants mentioned that taking time to attend training, in the context of high caseloads and focus on face-to-face service delivery, was another factor impacting access to training.

Furthermore, all focus group participants highlighted inconsistencies in process between organisations and a lack of accessible, structured guidance for family safety advocates and victim survivor practitioners. While peer support and supervision were identified as critical resources, feedback from both family safety advocates and victim survivor practitioners indicated a fragmented and ad hoc approach to professional guidance.

The findings highlight a critical gap in cross-agency collaboration opportunities. While participants from both roles recognised the potential benefits of working more closely together—particularly regarding timely information sharing to support interventions with people using violence—they reported little to no opportunity for cross-agency capability building and collaboration beyond individual client service provision.

Conclusion

In answer to our research questions, despite systemic barriers such as underfunding, role ambiguity, and inconsistent practices, we found family safety advocates and victim survivor practitioners consistently demonstrated a strong, shared commitment to increasing the safety and well-being of victim survivors.

In practice, there is limited interaction between family safety advocates and victim survivor practitioners. This creates a risk of victim survivors receiving inconsistent support. Focus group participants desired greater collaboration and opportunities to deepen their understanding of one another's roles. This aligns with Chung's[13] recommendation for cross-agency mentorship to foster integration and positive working relationships. While family safety advocates are sometimes perceived as extensions of interventions for people using violence, both practitioner cohorts recognised the value of family safety advocates as practitioners focused on supporting victim survivors.

The final focus group discussion, which brought family safety advocates and victim survivor practitioners together, reinforced the shared vision of achieving safety for victim survivors and accountability and behaviour change for people using violence. Participants reflected on the systemic challenges they face and emphasised the importance of de-siloing practice and coordinating efforts to meet clients' complex needs.

The research review (see Appendix 3) and focus group discussions consistently highlight a lack of formal opportunities for family safety advocates and victim survivor practitioners to deepen their understanding of each other's roles and collaborate effectively. Participants emphasised the importance of opportunities for connection and joint professional development to enhance integration and promote consistent practices across the sector.

Family Safety Advocacy workers reported feeling under resourced and undervalued. Systemic funding patterns that do not directly fund family safety advocacy work also contribute to inconsistent practice. Both the research and focus group discussions suggest more government funding was needed to ensure best practice family safety advocacy practice in Victoria, so that victim survivors receive consistent responses and support. Collaboration between family safety advocates and victim survivor practitioners is demonstrably variable, with focus group participants highlighting the critical need to strengthen relationships, and formal processes and pathways.

This research highlighted the challenges family safety advocates and victim survivor practitioners face in working collaboratively. The findings from the focus groups emphasise the complexity and challenges of working at the interface of interventions with people using violence and victim survivors, despite sharing common goals of increasing victim survivor safety and achieving genuine behaviour change from people using violence.

While family safety advocates play a critical role in bridging the gap between interventions with people using violence and victim survivor services, there are significant gaps in addressing challenges

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[13] Chung et al. 2020. *Prioritising women's safety in Australian perpetrator interventions: The purpose and practices of partner contact.*

and improving practices[14]. Permeating all areas of service provision is a strong undercurrent of funding insufficiency. Both family safety advocates and victim survivor practitioners report that funding does not meet the needs of victim survivors. Significantly for family safety advocates, it is commonly reported that their roles are perceived by their employing body as "not funded," resulting in limited accountability for organisations to implement adequate infrastructure for family safety advocates and meet essential role responsibilities under minimum standards and practice guidelines.

Family safety advocates and victim survivor practitioners share a strong commitment to the safety and well-being of victim survivors, with barriers stemming from systemic issues rather than a lack of practitioner willingness. There is a critical need for systemic and structural changes that support both the provision of the family safety advocacy role and collaborative relationships between family safety advocates and victim survivor practitioners. Addressing key areas of role ambiguity, funding shortcomings, professional development, and training gaps while also establishing mechanisms for collaboration can support practitioners to realise joint goals of victim survivor safety and foster accountability with people using violence and improve outcomes for victim survivors.

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[14] Chung et al. 2020. *Prioritising women's safety in Australian perpetrator interventions: The purpose and practices of partner contact.*

Recommendations

1. **Increase Government funding for family safety advocates and victim survivor support services to increase capacity and increase opportunities for collaboration between family safety advocates and victim survivor services to best support victim survivors at different points in their recovery journey.** Opportunities for collaboration between family safety advocates and victim survivor practitioners were described as limited, and professional partnerships were rare. This is due to limited funding for both parts of the sector and the inability to meet demand. Establishing formal partnerships and referral pathways that reduce role ambiguity for staff and clients would positively influence client outcomes. Cross-agency capability building, such as joint communities of practice, would provide opportunities to explore practice challenges, increase knowledge about practice approaches and frameworks, and allow for support mechanisms that extend beyond individual organisations. However, these activities require significant time and money and are not possible in a funding environment where services cannot even meet demand. Victim survivor services report they are facing overwhelming demand. Victim survivor programs must be funded to provide the required level of support across a victim survivor's recovery journey beyond immediate crisis response. This includes building relationships and communicating with other practitioners and services to strengthen collaborative risk assessment and management for victim survivors.

2. **Government funds relevant peaks to review current practice guidelines in both sectors to provide greater clarity, support and direction for practice.** The research findings present a compelling case for reviewing current practice guidelines across both sectors. Family safety advocates report operating with minimal structured guidance, often relying on previous experience rather than established protocols, with many organisations lacking detailed procedures or frameworks to guide practice. Existing resources like the Family Safety Advocate Guidelines were explicitly described as in need of review to address diverse client needs, particularly for specific cohorts. The fragmented and ad hoc approach to professional guidance has created inconsistent processes between organisations, while challenges with information-sharing provisions highlight areas where clearer direction could improve outcomes. With high staff turnover compounding these issues and a critical gap in guidance regarding cross-role collaboration, updated guidelines would provide the structure and clarity practitioners need to deliver consistent, high-quality services.

3. **Increase Government investment in research on the interface between family safety advocates and victim survivor practitioners.** Investment in research that focuses on different models of collaboration between family safety advocates and victim-survivor practitioners, with a focus on client experiences and particularly victim survivor perceptions is essential to improving practice. Building a robust evidence base that captures the complexities of collaborative work and its challenges and opportunities within the broader service system is essential for driving meaningful improvements in practice.

Areas for future research

This project has identified several areas for future research. These include:

Further understanding of the interface between family safety advocates in targeted intervention programs and broader victim survivor services

This project did not include the scope for analysis of the role of family safety advocates role in mainstream versus targeted intervention programs including those delivered by Aboriginal Community Controlled Organisations and LGBTIQA+-focused services. Further research that examines the differences between how the role functions in different service settings, as well as barriers and enablers of effective practice, and whether there are key differences across different intervention models with various cohorts would be valuable.

Exploration of different models for the provision of family safety advocacy

Aligned practice for all family safety advocates. We understand that there are several models for providing family safety advocacy, including having family safety advocates embedded within the intervention team or outsourcing this role to victim survivor support services, either internally within the organisation or through an external agency. Further research would be helpful for better understanding how the family safety advocate roles operate in practice and the advantages and drawbacks of the different approaches.

Supporting children as victim survivors in their own right

Victim survivor services, including family safety advocates, hold responsibilities to work with children as victim directly or indirectly. However, victim survivor services report they are facing overwhelming demand[15] and additional resourcing for child-focused support has been insufficient. While there is recognition that family safety advocates can work with both adult and child victim survivors, the frequency and effectiveness of this support were not explored in this project.

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[15] Safe and Equal. 2023. *Measuring family violence service demand and capacity: An emerging picture of the specialist family violence sector.*

Appendix 1: Definitions

Diverse Communities: Diverse communities include the following groups: diverse cultural, linguistic and faith communities; people with a disability; people experiencing mental health issues; lesbian, gay, bisexual, transgender and gender diverse, intersex and queer/ questioning (LGBTIQ) people; women in or exiting prison or forensic institutions; people who work in the sex industry; people living in regional, remote and rural communities; male victims; older people and young people (12 to 25 years of age)

Family Violence: Family violence is defined as any behaviour that occurs in family, domestic or intimate relationships that is physically or sexually abusive; emotionally or psychologically abusive; economically abusive; threatening or coercive; or is in any other way controlling, that causes a person to live in fear of their safety or well-being, or that of another person. Family Violence is also defined as behaviour by any person that causes a child to hear, witness, or otherwise be exposed to the effects of the above behaviour.

Family safety advocate: Family safety advocate, also known as partner contact, refers to any support provided to victim survivors of family violence and/or children while the person using violence is engaged in an intervention program. We acknowledge that numerous terms are used to describe this support, particularly in non-traditional people using violence intervention programs; however, for this project, we have used the term "Family safety advocacy."

Victim Survivor Practitioner: Victim survivor Practitioners, often known as family violence case managers, provide crisis responses and case management to victim survivors of family violence. They work with the victim survivor and assist them to navigate the service system, manage the risks posed by the person using violence and coordinate agency responses to promote safety and recovery. Again, we note there are a variety of terms used to describe this support, but for the purpose of this project we have used "Victim survivor practitioner"

Information Sharing Provisions: The Information Sharing Provisions were introduced as part of the MARAM reforms. Legislated in Part 5A of the *Family Violence Protection Act,* the *Family Violence Information Sharing Provisions* and *Child Information Sharing Provisions* require Information Sharing Entities (ISEs) to share information related to assessing or managing family violence risk. This supports ISEs to:

- Keep people using violence in view and accountable
- Promote the safety of victim survivors of family violence.

Intervention Programs: Intervention programs is an umbrella term used to describe any program which has a primary focus on working with people who have used/ are using family violence to change their behaviour. Intervention programs may include group-based Men's Behaviour Change Programs (MBCP), Aboriginal Healing Programs, and a diverse range of programs that work with various cohorts to address their use of violence.

Family: A broad definition of the term "family" is recognised, which includes chosen family, family of origin, non-biological family, Aboriginal and Torres Strait Islander kinship systems, and other family forms.

Victim Survivor: Any person, including children and young people, who a person's use of violence has harmed. Victim survivors may not identify with this term, and language should match an individual's preference, but the term victim survivor has been used for this project.

MARAM: Multi-Agency Risk and Assessment Management Framework (MARAM) is the foundational Victorian Government framework, supported by legislation, for the reforms to the family violence sector introduced since the Royal Commission into Family Violence in Victoria in 2016. There are also several resources that support the MARAM framework, including

- MARAM risk assessment tools
- MARAM practice guides

Person/People Using Violence: Any person using family violence towards an intimate partner, child, or family member. The term person using violence is used throughout the project. This language recognises a person's ability to be accountable for their actions and change their behaviours. However, given the strong gender-based nature of family violence, it is important to ensure an ongoing emphasis on the disproportionate perpetration by men.

Appendix 2: Key policy and practice frameworks

Relevant policy and practice frameworks were reviewed to understand how the roles of family safety advocates and victim survivor practitioners are articulated and expected to function and interface with each other according to official guidance. This information was then contrasted with how these roles and best practices are articulated in the research reviewed, how practitioners described and understood their roles, and how these roles function in practice on the ground.

The following policy and practice frameworks were reviewed as part of this project:

- **Multi-Agency Risk Assessment and Management (MARAM) Framework**[17]
- **Family Safety Advocates Practice Guidelines**
- **Victorian Men's Behaviour Change Minimum Standards**[20]
- **National Outcomes Standards for Perpetrator Interventions**[22]
- **Domestic Violence Victoria Code of Practice, Principles and Standards for Specialist Family Violence Services for Victim survivors**

While there is some available practice guidance for family safety advocates, little focus has been given to the context in which this role functions and the complex relationship between the part of the family violence sector that works with people using violence and that which focuses on victim survivors.

The available literature reveals variations in family safety advocate practice requirements across jurisdictions and internationally[16]. However, there is limited analysis of the range of guidelines and standards family safety advocates and victim survivor practitioners must navigate in Victoria.

Family safety advocates are subject to codes of practice and standards that span both intervention and victim survivor practice. Examining the "practice architecture" reveals that although guidance is not overtly contradictory, family safety advocates often balance multiple, overlapping responsibilities with extremely limited resourcing[17]. These include fulfilling internal functions of MBCP programs, particularly when the victim survivors are not linked with other services, such as

- undertaking risk assessments and risk management
- sharing risk-relevant information with facilitators
- undertaking case management duties, and
- crisis responses, if required.

Similarly, victim survivor practitioners are required to be familiar with and practice within several practice requirements, including MARAM, case management program requirements and others.

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[16] Chung, D., Anderson, S., Green, D., and Vlais, R. 2020. *Prioritising women's safety in Australian perpetrator interventions: The purpose and practices of partner contact,* (Research report, 08/2020), ANROWS, Sydney.

[17] Smith, J., Humphreys, C. and Laming, C., 2013. The central place of women's support and partner contact in men's behaviour change programs. *Ending Men's Violence Against Women and Children: The No To Violence Journal*, *2013*, pp.7-28.

Appendix 3: Research overview

To date, there is a dearth of research specifically on the relationship between family safety advocates and victim survivor practitioners.

The small amount of research that currently does exist predates COVID and centers on accountability and behaviour change for men using violence through group-based MBCPs, where partner contact is a key element of the programs. Most of this research has focused on the impact of group work in changing men's attitudes and behaviours. As identified by Chung *et al.*,[18] evaluations of programs have focused on outcomes of MBCPs but rarely included evaluations of family safety advocacy or sought the perspectives of victim survivors on the support they received. When partners were included in evaluations, the focus was on their perception of the participant's changed behaviour, not on their own experience of partner contact.

This research overview found limited publicly available research about partner contact, and, as contracted evaluations are generally for internal use, limited access to and distribution of knowledge that could otherwise contribute to positive practice change. *Prioritising women's safety in Australian perpetrator interventions: The purpose and practices of partner contact[19],* funded by the Commonwealth Government and Australia's National Research Organisation for Women's Safety (ANROWS 2020), is the key research project examining how partner contact operates in practice from the perspective of direct service providers, practitioners and victim survivors whose partners or ex-partners attended an MBCP. It is one of the leading research projects addressing this specific area of practice but given change in policy and practice in the intervening years, we recommend updating this work.

While the family safety advocacy component of MBCPs and intervention programs has evolved differently in different jurisdictions across Australia[20] and the functions of the family safety advocacy role, its integration, and duration remain varied, the authors emphasised the vital importance of family safety advocacy in increasing safety for victim survivors. Key barriers to best practice of family safety advocacy articulated by this 2020 research included:

- the inequity of funding allocated for partner contact work in comparison with the work with people using violence
- a tendency for the role to be treated as secondary to the "core work" of intervention programs, i.e. working with men using violence, including potentially being "outsourced" so that the program can focus on its "core work"
- lack of time allocated for partner contact
- family safety advocates are often restricted to providing support to victim survivors while the person using violence engages in the program.

The authors argue family safety advocacy needs to be specifically funded and appropriately prioritised because the safety and experience of adult and child victim survivors is an indicator of program success in itself, not purely secondary to potential behaviour changes of the man using

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[18] Chung et al. 2020. *Prioritising women's safety in Australian perpetrator interventions: The purpose and practices of partner contact.*

[19] Chung et al. 2020. *Prioritising women's safety in Australian perpetrator interventions: The purpose and practices of partner contact.*

[20] Chung et al. 2020. *Prioritising women's safety in Australian perpetrator interventions: The purpose and practices of partner contact.*

violence. Their research[21] also found that partners of MBCP participants and children often have little to no contact with formal support services within the specialist family violence system. In these cases, family safety advocates play a crucial role in supporting the needs of victim survivors as part of a coordinated system at a time when their risk is likely to be heightened, including after the conclusion of an intervention program.

This paper found that while limited research exists on family safety advocacy, the research that does exist indicates there are inconsistencies in practice.[22] The ANROWS project produced a practice guide to help frontline workers apply the evidence and prioritise victim survivor safety when working with people using family violence.[23] In addition to the practice guide, the authors recommended the development of minimum standards for partner contact, and appropriate funding to ensure victim survivors have adequate access to partner contact, which is not linked to the person using violence's engagement in intervention.

Other research looking at family safety contact work includes a small-scale, qualitative research project undertaken by Family Life[24], specifically looking at the role of the family safety advocate in working with children and young people. Like Chung et al.[25], that study found that, while family safety advocates were well placed to work with children and young people, in particular to provide information about family violence and validation of their experience to children and young people. In practice, it was challenging to provide this support partly due to limited access to children and young people. It also found that the scope of the family safety advocates was often hampered by a lack of time and support to address the needs of all victim survivors, adult and child, impacted by the person's use of violence. This paper indicates that while working with children is within scope, family safety advocates rarely have the capacity to work directly with children.

There is also a significant research gap on the relationship between family safety advocacy and victim survivor services in Victoria. No literature was found addressing this interface specifically. Research on the importance of coordinated and integrated systems, such as Diemer et al.,[26] generally focuses on the family violence system as a whole and explore opportunities for family violence services to coordinate with broader social support systems, such as police and child protection. Humphries et al.[27] explored collaborative processes between MBCP practitioners and the broader sector, including police, child protection, and other human service organisations. While not explicitly focused on family safety advocates, it found family safety advocates primarily operated within MBCP provider teams with few established links with external specialist family violence services. Consequently, better links would assist with the provision of more comprehensive and

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[21] Chung et al. 2020. *Prioritising women's safety in Australian perpetrator interventions: The purpose and practices of partner contact.*

[22] Chung et al. 2020. *Prioritising women's safety in Australian perpetrator interventions: The purpose and practices of partner contact.*

[23] Australia's National research Organisation for Women's Safety (ANROWS).2020. *Prioritising Women's Safety in Australian Perpetrator Interventions: A Practice Guide*, ANROWS, Sydney.

[24] Family Life. 2024. *Windows of Opportunity: Towards Child Focused, Trauma Informed Family Safety Advocacy in Men's Behaviour Change Work...*

[25] Chung et al. 2020. *Prioritising women's safety in Australian perpetrator interventions: The purpose and practices of partner contact..*

[26] Diemer, K., Humphreys, C., Laming, C. and Smith, J., 2015. Researching collaborative processes in domestic violence perpetrator programs: Benchmarking for situation improvement. *Journal of Social Work*, *15*(1), pp.65-86.

[27] Diemer, K., Humphreys, C., Laming, C. and Smith, J., 2015. Researching collaborative processes in domestic violence perpetrator programs: Benchmarking for situation improvement. *Journal of Social Work*, *15*(1), pp.65-86.

intensive support to victim survivors. Program integration into the broader service system of support for victim survivors was also found to be underdeveloped, leading to significant gaps in service provision. Diemer *et al.*[28] observed stronger partnerships and improved processes within the broader service system are recognised as key to bridging gaps and enabling intervention program providers to establish more effective contact and support with victim survivors. While collaboration between practitioners working within intervention programs and other organisations is common, survey responses indicated it is frequently reliant on individual relationships, rather than being embedded in roles. Poor collaborative practices are not due to a lack of willingness among practitioners and providers; however, the establishment of formal processes and pathways is critical to making consistent and coordinated responses a reality.

Furthermore, as highlighted above, program engagement and completion for people using violence, predominantly men, often coincides with relationship separation, engagement with courts and other processes that can exacerbate violence. Unfortunately, at the end of a program, victim survivors lose support from family safety advocates as they are generally limited to providing support to victim survivors while the person using violence participates in an intervention program. Family safety advocates then rely strongly on the broader family violence service system to meet the safety and support needs of clients outside the duration of the program. However, many victim survivor services are under considerable demand pressure and provide limited support to people who are not at significant, immediate risk, leaving victim survivors unsupported at this critical time. Victim survivors should be able to access family violence support when they need it across their recovery journey, not only at the point of crisis.

Safe and Equal's 2023 Safe and Equal Demand Management Survey[29] indicates that demand for victim survivor services exceeds the capacity for services to meet this need. Additionally, victim survivor practitioners provide extensive work that is not reflected in current planning and funding models. This limits the capacity of all service providers to collaborate and build the interagency networks essential for effective communication and information sharing between victim survivor practitioners and family safety advocates that would improve the integrated support for victim survivors.

The National Survey of Workers in the Domestic, Family and Sexual Violence Sectors (2018) indicated victim survivor practitioners felt that increased collaboration between services would be beneficial, but that this was limited by lack of time and funding for work not directly related to individual clients. Opitz[30] also highlights how funding constraints and competitive tendering processes significantly hinder relationships between service providers. Siloed funding models and a lack of cross-agency mentoring and learning opportunities exacerbate these challenges.

While the lack of evidence in this area may demonstrate that integration between different programs that focus on supporting victim survivors of family violence is expected or assumed, the above survey indicates this may not be the case. Without further evidence, it is difficult to understand how family safety advocates function in reality and whether the intended outcomes of these programs and roles are achieved.

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[28] Diemer et al. 2015. Researching collaborative processes in domestic violence perpetrator programs.

[29] Safe and Equal. 2023. *Measuring family violence service demand and capacity: An emerging picture of the specialist family violence sector.*

[30] Opitz, C., 2014. Considerations for partner contact during men's behaviour change programs: Systemic responses and engagement. *Ending Men's Violence Against Women and Children: The No To Violence Journal, Autumn*, pp.114-142.

The available literature paints a strong picture of a fragmented family violence system in Victoria. There are some critical gaps in the evidence base and a clear need for strengthened collaboration and integration. This joint project between Safe and Equal and No to Violence aimed to highlight and address the need for further cross-sector understanding and collaboration, however further research and investment is required to support this.

Appendix 4: Focus groups

To understand how family safety advocates function in practice and how they interface with victim survivor services and practitioners, focus groups were conducted.

Four semi-structured focus group discussions with family safety advocates and victim survivor practitioners were held between July and October 2024. Existing communities of practice, facilitated by No to Violence and Safe and Equal, were utilised to gather research participants.

The first session centred on the perspectives of family safety advocates. It was attended by 17 participants working in family safety advocate roles within various intervention programs. Participants in the family safety advocate focus group were required to hold roles within intervention programs under the family safety advocate umbrella.

The second session focused on victim survivor practitioner perspectives on family safety advocate roles and the interface between family safety advocates and victim survivor practitioners; this session had low attendance. A third session was scheduled as a follow-up for victim survivor practitioner perspectives, ultimately engaging 20 practitioners across the two sessions.

The victim survivor practitioner sessions included practitioners from a broader range of victim survivor programs, independent of MBCPs or intervention programs. These participants represented a diverse range of roles, from direct service practitioners to managers and Risk Assessment Management Panel (RAMP) coordinators.

A structured plan guided each group session, using similar questions to explore key topics, including:

- the coordination between family safety advocate and victim survivor services
- the identification of service gaps, challenges, and enablers of effective practice
- major barriers impacting effective practice

Focus group discussions were recorded and transcribed with the consent of the participants. Key themes were then drawn from across the three focus groups.

All participants involved in the focus group discussions were invited to a final session to collaboratively review the key findings. Facilitated by the project team, the session provided participants with an opportunity to engage with the findings by supporting their interpretation and offering feedback—whether to challenge, reinforce, or question the identified key themes. This collaborative process ensured that the themes and recommendations accurately reflected participants' perspectives and allowed for further elaboration on critical areas. During this final session, key themes were refined, and recommendations were reviewed and validated collectively.

Appendix 5: Practitioner Focus Group Questions

Exploring general understanding

- What are the role responsibilities of family safety advocates?
- How do the roles of family safety advocates and Victim-Survivor Practitioners overlap or complement each other?

Information sharing and collaboration

- What are the advantages and challenges (if any) in information sharing and coordinating service provision?
- Are referral processes streamlined and effective? What happens once a client is referred to a victim-survivor program?

Gaps and Challenges

- Are there any gaps in services, resourcing or support that you believe need to be addressed to improve the interface between family safety advocacy and victim-survivor services?

Training and Capacity Building

- What training or professional development opportunities are available to family safety advocates? Are there gaps?

Client centered approaches

- What feedback (if any) have you had from clients or former clients about the collaboration between services and/or the transition between services? How is it collected?

Change and service improvement

- What is needed to improve the interface between Family Safety Advocacy and Victim-Survivor Services?

Guidance and support

- What resources or guidance support you in your practice?
- Do the Family Safety Advocacy Guidelines support practice? Please note if the guidelines are being used or not. (family safety advocate session)
- To what extent do you think formal processes or guidelines would support the interface between the services? (Victim Survivor practitioner sessions)

Additional questions if there is adequate time

- Are the guidelines reflective of Family Safety Advocacy practice? What if any changes or additions would you make to the guidelines?

Funding and resourcing

- Is funding adequate for Family Safety Advocacy services? What is needed?